

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 16715
Application ID: 10064570
Title of Invention: Symmetric Spherical QAM Constellation
First Named Inventor: Israel Morejon
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-07-26
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Attorney Docket Number: 1413.02
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TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

1413.02

Submission Type: Utility Patent
Filing**Symmetric Spherical QAM Constellation**

First Named Inventor: Israel Morejon

SUBMITTED BY

Name: Anton J. Hopen

Registration Number: 41849

Electronic Signature Mark: /anton j

hopen/

Date Signed: 20020726

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Dec01.TIF
declaration	Dec02.TIF
declaration	Dec03.TIF
bibd-transmittal	141302apds.xml
fee-transmittal	141302fee.xml

specification

spec.xml

Attached Image File(s):

Dec01.TIF

Dec02.TIF

Dec03.TIF

Comments:

Practitioner's Docket No. 1413.02

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named joint inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am a first joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Symmetric Spherical QAM Constellation

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37 Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen
Ronald E. Smith

Registration Number 41,849
Registration Number 28,761

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Smith & Hopen, P.A.
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DECLARATION

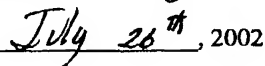
I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Inventor's signature


Israel Morejon

Date


July 26th, 2002

Country of Citizenship

USA

Residence

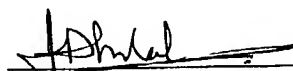
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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3008
 Expiration Date: 20040531
 Authorized Name: Anton J. Hopen
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BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 9	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0